, ν	AISSOU	IRI DI	IVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 2044 =62-01713	9
DO NOT WRITE ON THIS STUB	AME	4DED	Registration District No. Registration District No. Registrat's No.	_
VS 300 Rev. 4/59 1 2 3 4 0 5 / 6 7 2 9 10 11	HIS RECORD ARE AS FOLLOWS NSTEAD OF DATE AMENDED	DOCUMENT	1. PLACE OF DEATH e. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY TOWN St. Louis C. FULL NAME OF (If NOT in hospital, give location) Hospital or Paul 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE Widowed Divorced Divorced Widowed Divorced 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NAME OF DECEASED VIOLEN 13b. MOTHER'S MAIDEN NAME Vincent Pavia 13c. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Vincent Pavia 15c. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, proor unknown) (If yes, give war or dates of service) 16c. SOCIAL SECURITY NO. 17. INFORMANT SATATE No. D. SCIAL SECURITY NO. 17. INFORMANT Address SATATE No. D. COUNTY Braide Limits 10d. STREET (If outside, give location) Reside on Far Yes D. No. 1 A. STREET (If outside, give location) Reside on Far Yes D. No. 1 A. DATE Month Day Yes D. No. DEATH April 13 62 TOWN SATE Month Divorced]
12,5-9-0 13	THIS		which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	_
USE BLACK INK OR TYPEWRITER RIBBON 61	AMENDMENTS ON SHOULD READ	VIT OF	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90 d	VED
	ITEM NO.	BY AFFIDAVIT	23a. BURIAL, CREMATION, REMOVAL (Specify) BULLIAL 4/17/62 Calvary 23c. MAME OF CEMETERY OR CREMATORY Calvary 23d. LOCATION (City, town, or county) St. LOuis (No St. LOuis (No ADDRESS APR. 16 1982 APR. 16 1982	-

STATEMENT BY LICENSED EMBALMER

I he	reby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
	der my personal supervision.	Signed Favery Rable
Student	Signature of Student Embalmer	
•	•	Licensed Empalmer No. 4596 P. O. Address St Louis Mo
	. :	P.O. Address St Louis Mc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.